

Newark Senior Center Membership Form
200 White Chapel Drive
Newark, DE 19713
(302) 737-2336

Membership Fee: Annual \$30 or Lifetime \$300

Date of membership: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Street: _____ Development: _____

City: _____ State: _____ Zip Code: _____

City of Newark Resident? ☐ Yes ☐ No Years lived in this area: _____

Home Telephone #: (____) _____ Cell phone #: (____) _____

Preferred Means of Contact: ☐ Home ☐ Cell

Email: _____

Date of Birth: _____ Spouse's Name: _____

Referred by: _____

I live: ☐ Alone ☐ With my spouse ☐ With a friend/roommate
☐ With my children ☐ With other family members ☐ Other _____

How did you learn about the Newark Senior Center?

☐ Family/Friend ☐ Healthcare Provider ☐ Attended Center for another event
☐ Realtor ☐ Newspaper ☐ Internet ☐ Bus

Other (Please explain) _____

The following questions are used for statistical purposes only:

I am: ☐ Male ☐ Female

I am: ☐ African- American ☐ Asian ☐ Caucasian ☐ Other

I am: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Income Level: ☐ Under \$20,000 ☐ \$20,001-30,000 ☐ \$30,001-40,000 ☐ \$40,001+

Please turn page over

Do you have any medical restrictions? If so, please indicate: _____

Are you taking any medications? If so, please indicate: _____

Physician's Name: _____ Phone #: () _____

IN CASE OF EMERGENCY, who should we notify?

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone #: () _____ Work phone #: () _____

Cell phone #: () _____

Preferred Means of Contact: _____ Home phone _____ Work phone _____ Cell phone

Newark Senior Center
Participant Waiver and agreement
Please read and sign:

To the extent permitted by law, the Member will indemnify and hold the Newark Senior Center, their respective agents, representatives, instructors, volunteers, and participating companies and agencies and the Newark Senior Center's property, including the "premises", located at 200 White Chapel Dr., free and harmless from any liability for losses, claims, injury to or death of any person, including the Member, or for damage to property arising from the Member using and occupying the premises or from the acts or omissions of any person or persons, including the Member, in or about the premises with Member's express or implied consent except the Newark Senior Center's act or negligence.

I agree to obey and abide by the rules and regulations of the Newark Senior Center and follow said instructions of same.

I further acknowledge that I am becoming a registered member of the Newark Senior Center in reliance upon this waiver of liability.

Signature _____

Date _____

REV. 8/13